



KENTUCKY ANNUAL SCHOOL BUS INCIDENT REPORT

SCHOOL YEAR TOTALS – DUE AUGUST 1st

SCHOOL YEAR _____

SCHOOL DISTRICT _____

SCHOOL DISTRICT # _____

(PLEASE ENTER THE TOTAL NUMBER OF INCIDENTS PER CATEGORY, FOR THE SCHOOL YEAR)

Do not include section VI of Kentucky Daily School Bus Incident report in this report

Total Number of Incidents _____ Urban _____ Rural _____

Number of Incidents Occurring in A.M. _____ P.M. _____

Number of Citations issued to
School Bus Drivers for Incidents _____

(enter total number of incidents per day/year)

DAY OF WEEK

MON. _____

TUE. _____

WED. _____

THUR. _____

FRI. _____

SAT. _____

SUN. _____

MONTH OF YEAR

JAN. _____ JULY. _____

FEB. _____ AUG. _____

MAR. _____ SEPT. _____

APR. _____ OCT. _____

MAY _____ NOV. _____

JUNE _____ DEC. _____

SECTION I -- SCHOOL BUS PHYSICALLY INVOLVED

1. TYPE OF INCIDENT (enter totals for each category)

A. between motor vehicles _____ B. noncollision _____ C. pedestrian _____
D. pedal cycle _____ E. railroad train _____ F. fix object (complete question 2) _____
G. other _____

Additional Comment / Additional Explanation _____

2. COMPLETE IF FIXED OBJECT INCIDENTS (enter totals for each category)

A. embankment _____ B. building _____ C. tree _____ D. sign _____ E. guardrail _____
F. bridge rail _____ G. fence _____ H. curb _____ I. mailbox _____ J. fire hydrant _____
K. Culvert-headwall _____ L. park vehicle _____ M. utility pole _____ N. median barrier _____
O. other (specify) _____

Additional Comment / Additional Explanation _____

3. DID INCIDENT RESULT IN STUDENT AND / OR DISTRICT PERSONNEL INJURY
(enter totals for each category)

A. fatality(ies) _____ B. incapacitation injury(ies)-serious _____
C. possible injury(ies)-minor _____ D. non-incapacitating injury(ies) _____
E. property damage only _____

If injury(ies) or fatality(ies) are reported in the above section, then the
INJURY / FATALITY SHEET on **page 7** must be complete.

4. OTHER VEHICLE(S) - DRIVER(S) - OCCUPANTS – PEDESTRIAN(S)
(enter totals for each category)

A. fatality(ies) _____ B. incapacitation injury(ies)-serious _____
C. possible injury(ies)-minor _____ D. non-incapacitating injury(ies) _____
E. other _____

Additional Comments / Additional Explanation _____

5. MANNER OF COLLISION BETWEEN VEHICLE SCHOOL BUS AND OTHER VEHICLE OR OBJECT
(enter totals for each category)

A. angle _____ B. head-on _____ C. rear-end _____ D. sideswipe _____ E. backing _____
F. other _____

Additional Comments / Additional Explanation _____

SECTION II BUS DIRECTION ANALYSIS

(enter totals for each appropriate category)

COLLISION WITH PEDESTRIAN

INTERSECTION

- A. Bus going straight _____
- B. Bus turning right _____
- C. Bus turning left _____
- D. Bus backing _____
- E. Other _____

NON-INTERSECTION

- F. Bus going straight _____
- G. Bus turning right _____
- H. Bus turning left _____
- I. Bus backing _____
- J. Other action _____

COLLISION WITH OTHER VEHICLE

INTERSECTION

- K. Entering at same angle, both moving _____
- L. Entering same direction, both moving _____
- M. Entering opposite direction, both moving _____
- N. Entering at angle one vehicle stationary _____
- O. Entering same direction one vehicle stationary _____
- P. Entering opposite direction one vehicle stationary _____
- Q. One vehicle backing at intersection _____
- R. Other action _____

NON-INTERSECTION

- S. Same direction, both moving _____
- T. Opposite direction, both moving _____
- U. One vehicle stopped _____
- V. One vehicle backing _____
- W. Sideswipe _____
- X. Other action _____

ALL OTHER COLLISIONS

INTERSECTIONS

- Y. Fixed object _____
- Z. Other road type vehicle, i.e. train, pedal cycle, motorcycle _____
- AA. Other object, animal _____

NON-INTERSECTIONS

- BB. Fixed object _____
- CC. Other road type vehicle, i.e. train, pedal cycle, motorcycle _____
- DD. Other object, animal _____

NON-COLLISIONS

INTERSECTION

- EE. Overturn _____
- FF. Other non-collision _____

NON-INTERSECTION

- GG. Overturn _____
- HH. Other non-collision _____

Additional Comments / Additional Explanation _____

SECTION III GENERAL INFORMATION

(enter totals for each appropriate category)

1. TOTAL NUMBER OF LANES ON ROADWAY

A. one lane _____

B. two lane _____

C. Three Lane _____

D. Multilane (four or more) _____

E. Parking Lot or Area Other Than Roadway _____

Additional Comment / additional Explanation _____

2. AGE OF SCHOOL BUS DRIVER(S) (enter totals for each appropriate category)

A. 21 – 30 _____ B. 31 – 40 _____ C. 41 – 50 _____

D. 51 – 60 _____ E. OVER 60 _____

Additional Comment / Additional Explanation _____

3. DRIVER GENDER (enter totals for each appropriated category)

MALE _____ FEMALE _____

Additional Comment / Additional Explanation _____

4. DRIVERS EXPERIENCE DRIVING SCHOOL BUS (enter totals for each appropriated category)

A. less than 6 months _____ B. 6 month to 1 year _____ C. 1 -2 years _____

D. 2-5 years _____ E. 5 -10 years _____ F. over 10 years _____

Additional Comment / Additional Explanation _____

5. WAS BUS DRIVER'S SEAT BELT IN USE WHEN THE INCIDENT OCCURRED?

(enter totals for each appropriated category)

A. yes _____ B. no _____

Additional Comment / Additional Explanation _____

6. TYPE OF SCHOOL BUS / OTHER VEHICLE (enter totals for each appropriate category)

A. TYPE A _____

B. TYPE B _____

C. TYPE C _____

D. TYPE D _____

E. OTHER _____

Additional Comment / Additional Explanation _____

7. SCHOOL BUS USE AT TIME OF INCIDENT (enter totals for each appropriated category)

A. REGULAR ROUTE _____

B. FIELD/ACTIVITY TRIP (SCHOOL RELATED USE) _____

C. SPECIAL EDUCATION USE _____

D. OTHER USE _____

Additional Comment / Additional Explanation _____

8. CONDITION OF ROAD AT TIME OF INCIDENT (enter totals for each appropriate category)

A. dry _____ B. wet _____ C. ice _____ D. muddy _____ E. snow packed _____

F. holes or ruts _____ G. under repair _____ H. other (specify) _____

Additional comment / Additional Explanation _____

9. LIGHT CONDITION (enter totals for each appropriate category)

1. dawn _____ 2. daylight _____ 3. dusk _____

4. dark, artificially illuminated _____ dark, not artificially illuminated _____

Additional Comment / Additional Explanation _____

10. WEATHER CONDITION (enter totals for each appropriate category)

A. clear _____ B. raining _____ C. fog _____ D. snowing _____ E. sleeting _____

F. overcast/cloudy _____ G. other (specify) _____

Additional Comment / Additional Explanation _____

SECTION IV LOADING/UNLOADING ZONE INCIDENTS

(see definitions)

1. AT THE TIME OF THE INCIDENT, WHERE WAS THE BUS ?

(enter totals for each appropriate category)

A. approaching loading zone _____ B. stopped in loading zone _____

C. leaving the loading zone _____ D. not in sight of loading zone _____

Additional Comment / Additional Explanation _____

2. WAS THE PUPIL(S) ? (enter totals for each appropriate category)

A. hit by the bus _____ B. hit by other vehicle _____ C. on the bus _____

D. other _____

Additional Comment / Additional Explanation _____

3. LOCATION OF INJURED PUPIL(S) (enter totals for each appropriate category)

A. on side of road _____ B. in roadway _____

C. on sidewalk _____ D. on bus _____

other (specify) _____

Additional Comment / Additional Explanation _____

4. NUMBER INJURED (Complete Part V of Injury / Fatality Tally Sheet for Students and School Personnel)

SECTION V – INJURY / FATALITY TALLY SHEET FOR STUDENT AND SCHOOL PERSONNEL

ON BOARD BUS						OFF BUS LOADING / UNLOADING ZONE				
FALTALITIES		SERIOUS	MODERATE	MINOR		FALTALITIES		SERIOUS	MODERATE	MINOR
AGE	M	F	ALL	ALL	ALL	M	F	ALL	ALL	ALL
UNDER 3										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
OVER 18										
DRIVER										
OTHER										
TOTALS										

REMARKS _____

Report submitted by

SIGNATURE _____ NAME (PRINT) _____

TRANSPORTATION DIRECTOR /DESIGNEE _____ DATE _____